

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90072 005 ****50.00

DOCUMENT # L03000021057

1. Entity Name
THE ROADS PROFESSIONAL CENTER, LLC



Principal Place of Business
**360 GRECO AVENUE, SUITE 208
CORAL GABLES, FL 33146**

Mailing Address
**360 GRECO AVENUE, SUITE 208
CORAL GABLES, FL 33146**

20003196



2. Principal Place of Business
2730 SW 3rd Avenue

3. Mailing Address
2730 SW 3rd Avenue

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.
Suite 203

City & State
Miami, FL

City & State
Miami, FL

Zip
33129

Country
USA

Zip
33129

Country
USA

01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
83-0361881

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**POLLACK, JAMES F
360 GRECO AVENUE, SUITE 208
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
POLLACK, JAMES F
360 GRECO AVENUE, SUITE 208
CORAL GABLES, FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
ROSEN, KENNETH D
360 GRECO AVENUR, SUITE 208
CORAL GABLES, FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
Rosen, Kenneth D.
1550 Madruga Avenue, 3rd Floor
Coral Gables, FL 33146** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

London Fredster, Mgr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305 858 3607